



NCEE STANDARD VERIFICATION - ENGINEER

State Form 4034 (R5 / 6-93)

Date (month, day, year)

File number

TO: Indiana State Board of Registration  
for Professional Engineers  
Indiana Government Center South  
302 W. Washington St., Room E034  
Indianapolis, IN 46204-2700  
Telephone: (317) 232-2980

FROM:

Name

Street address

City, state and ZIP code

Date of birth (month, day, year)

The above named person was registered as:	CERTIFICATE NUMBER	DATE ISSUED	VALID UNTIL
<input type="checkbox"/> Engineering Intern			
<input type="checkbox"/> Professional Engineer			

Basis of Registration:	HOURS	RESULTS	NCEE	EXAM DATE
Written Examination				
FE				
PE				
<input type="checkbox"/> Oral Examination _____ Hrs PE				
<input type="checkbox"/> EI accepted from:				
<input type="checkbox"/> PE accepted from:				
<input type="checkbox"/> Other				

Remarks

By:

Title

Date (month, day, year)

BOARD  
SEAL